

**Billing Code: 4163-18-P**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Strengthen and Expand Delivery of HIV/AIDS Treatment, Care  
and Support Services Targeting the Haitian National Police  
(PNH) and Prevention of Mother-to-Child Transmission  
(PMTCT) Points of Service in the Republic of Haiti as Part  
of the President's Emergency Plan for AIDS Relief**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-AA215

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline:** September 12, 2005

#### **I. Funding Opportunity Description**

**Authority:** This program is authorized under Sections 301 (a) and 307 of the Public Health Service Act [42 U.S.C sections 241 and 2421] as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 2 in the Caribbean. The five-year strategy for the Emergency Plan is available at the following Internet address:  
<http://www.state.gov/s/gac/rl/or/c11652.htm>

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Haiti are to treat at least 25,000 HIV-infected individuals; care for 125,000 HIV-affected individuals, including orphans.

**Purpose:** An essential element of preventing new cases of HIV in Haiti is to ensure as much of the population as possible groups has adequate access to screening, treatment, and care facilities. Haiti's HIV prevalence rate in adults is reported to be 5.6 percent, according to the *2004 Annual Report* of the Joint United Nations

Programme on HIV/AIDS (UNAIDS). Access to prevention and treatment is limited among the Haitian population because of an underdeveloped public health infrastructure and a lack of clinical capacity.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S.

Department of Health and Human Services (HHS) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.
- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care

and treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

Measurable outcomes of the program will be in alignment with the numerical goal of the President's Emergency Plan for AIDS Relief and with one (or more) of the following performance goal(s) for the National Center for HIV, STD and TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention within HHS: Increase the proportion of HIV-infected people who are linked to appropriate prevention, care and treatment services; strengthen the capacity nationwide to monitor the epidemic; develop and implement effective HIV prevention interventions; and evaluate prevention programs.

This announcement is only for non-research activities supported by HHS, including the Centers for Disease Control

and Prevention (CDC). If an applicant proposes research activities, HHS will not review the application. For the definition of "research," please see the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

**Activities:**

The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in Haiti. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals

outlined in the five-year strategy for the President's Emergency Plan.

The grantee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in Haiti will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the Office of the U.S. Global AIDS Coordinator. The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee activities for this program are as follows:

1. Provide ongoing field support to PMTCT sites located in underserved areas of greater Port-au-Prince, including

Petionville, Carrefour and Port-au-Prince, and to capacitate them to:

- a. Provide routine, confidential voluntary counseling and testing (VCT) to pregnant women.
  - b. Provide partner-referral counseling and testing.
  - c. Use a modified Directly Observed Treatment-Short Course (DOTS) approach to put HIV-positive pregnant women and their babies under prophylactic anti-retroviral (ARV) treatment.
  - d. Enroll babies born to HIV-infected mothers in PMTCT care to ensure they are tested according to schedule, and that they are fed properly.
  - e. Establish mechanisms at VCT and PMTCT sites to provide psychosocial support to people living with HIV/AIDS (PLWHA).
  - f. Develop network links with sites that provide ARV services, such as: Groupe Haitien d'Étude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO), also known as The Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections; Grace Children's Hospital; l'Hopital de l'Université d'Etat d'Haiti (HUEH); and/or Fame Period.
2. Coordinate health education and promotion activities for the Haitian National Police-Police Nationale d'Haiti

(PNH) in the area of HIV/AIDS prevention. This will include the following activities:

- a. The introduction of educational modules on abstinence, being faithful, and, when appropriate for individuals engaged in high-risk behavior,<sup>1</sup> correct and consistent condom use (ABC) and related, culturally appropriate Behavior Change Communication (BCC) messages into the PNH training curricula.
- b. The training of trainers in culturally appropriate HIV/AIDS prevention techniques and messages that reflect and respect local cultural and religious morés.
- c. The training of peer educators in culturally appropriate HIV/AIDS prevention techniques and messages that reflect and respect local cultural and religious morés.
- d. Support for the development of cascade training in the PNH.

3. Support for the expansion of confidential VCT within the PNH health care system. This will include the following:

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<sup>1</sup> Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.



- a. The management of opportunistic infections (OI).
  - b. Palliative care and support for PLWHA.
  - c. Making HIV testing a routine part of medical care.
4. Develop and support a referral system establish PNH confidential VCT and anti-retroviral treatment (ART) and care centers.
5. Develop and support a monthly local-language newsletter in collaboration with the Haitian Ministère de la Santé Publique et de la Population-Ministry of Health (MSPP). These newsletters will track the progress of all VCT, PMTCT and ART sites that report service statistics to the MSPP's National AIDS Control Program. They will also serve to provide external feedback to national partner institutions and the Haitian public and internal feedback to the reporting sites.

Information on HIV prevention methods (or strategies) must include abstinence, monogamy (i.e., being faithful to a single sexual partner) or, for populations engaged in high-risk behaviors,<sup>2</sup> using condoms consistently and correctly. These approaches can avoid risk (abstinence) or effectively

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<sup>2</sup>Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.

reduce risk for HIV (monogamy, consistent and correct condom use). Awardees may not implement condom social marketing without also implementing abstinence and faithfulness behavior-change interventions.

Based on its competitive advantage and proven field experience, the winning applicant will undertake a broad range of activities to meet the numerical Emergency Plan targets outlined in this announcement.

#### **Administration**

Awardee must comply with all HHS management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS Activities and Reporting sections below for details), and Comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan

expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.

2. Review and approve the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.

5. Meet on a monthly basis with grantee to assess monthly expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.

9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements.
10. Provide test kits for confidential VCT at PMTCT sites and PNH sites.
11. Provide technical assistance for training, OI case management and integration of tuberculosis (TB) and HIV care.
12. Provide technical assistance for surveillance, monitoring and evaluating (M&E) HIV/AIDS trends in these populations.
13. Provide laboratory training and technical assistance in lab organization and patient flow.
14. Provide oversight for QA/QC of the laboratory.
15. Provide informatics support for satellite connection to enable the PNH to meet reporting requirements.

16. Provide technical assistance to the medical staff in developing a palliative care program.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

Measurable outcomes of the program will be in alignment with the following performance goals for the Emergency Plan:

#### **A. Prevention**

Number of individuals trained to provide HIV prevention interventions, including abstinence, faithfulness, and, for populations engaged in high-risk behaviors<sup>3</sup>, correct and consistent condom use.

##### **1. Abstinence (A) and Be Faithful (B)**

- Number of community outreach and/or mass media (radio) programs that are A/B focused

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<sup>3</sup> Behaviors that increase risk for HIV transmission including engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home.

- Number of individuals reached through community outreach and/or mass media (radio) programs that are A/B focused.

## **B. Care and Support**

### 1. Confidential counseling and testing

- Number of patients who accept confidential counseling and testing in a health-care setting.
- Number of clients served, direct.
- Number of people trained in confidential counseling and testing, direct, including health-care workers.

### 2. Orphans and Vulnerable Children (OVC)

Number of service outlets/programs, direct and/or indirect.

- Number of clients (OVC) served, direct and/or indirect.
- Number of persons trained to serve OVC, direct.

### 3. Palliative Care: Basic Health Care and Support

- Number of service outlets/programs that provide palliative care, direct and/or indirect.
- Number of service outlets/programs that link HIV care with malaria and tuberculosis care and/or referral, direct and/or indirect.

- Number of clients served with palliative care, direct and/or indirect.
- Number of persons trained in providing palliative care, direct.

#### **C. HIV Treatment with ART**

- Number of clients enrolled in ART, direct and indirect.
- Number of persons trained in providing ART, direct.

#### **D. Strategic Information**

- Number of persons trained in strategic information, direct.

#### **E. Expanded Indigenous Sustainable Response**

- Project-specific quantifiable milestones to measure the following:
  - a. Indigenous capacity-building.
  - b. Progress toward sustainability.

### **II. Award Information**

**Type of Award:** Cooperative Agreement.

HHS involvement in this program is listed in the Activities Section above.



**Fiscal Year Funds:** 2005

**Approximate Total Funding:** \$1,220,000 (This amount is an estimate for the five-year project period, and is subject to availability of funds).

**Approximate Number of Awards:** One

**Approximate Average Award:** \$244,000 (This amount is for the first 12-month budget period, and includes direct costs.)

**Floor of Award Range:** \$244,000

**Ceiling of Award Range:** \$325,000 (This ceiling is for the first 12 month budget period.)

**Anticipated Award Date:** September 15, 2005

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, HHS' commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government, through the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

### **III. Eligibility Information**

#### **III.1. Eligible Applicants**

Public and private non-profit and for-profit organizations may submit applications, such as:

- Public, non-profit organizations
- Private, non-profit organizations
- Universities
- Colleges
- For-profit organizations
- Small, minority, women-owned businesses
- Community-based organizations
- Research institutions
- Hospitals
- Faith-based organizations
- Federally recognized Indian tribal governments
- Indian tribes
- Indian tribal organizations
- State and local governments or their Bona Fide Agents  
(this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the

Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

- Political subdivisions of States (in consultation with States)

**In addition, applicants must meet the criteria listed below:**

- Have at least three years of documented HIV/AIDS related program implementation experience in Haiti, particularly in the provision of comprehensive PMTCT in the deprived areas of the Haitian capital, Port-au-Prince.
- Have demonstrated expertise in the areas of direct delivery of HIV confidential CT delivery and culturally appropriate AIDS prevention communications in Haiti.
- Be locally incorporated in Haiti.
- Have established relationships with the Government of Haiti and written letters of support from the Haitian National MSPP.

### **III.2. Cost-Sharing or Matching Funds**

Matching funds are not required for this program. Although matching funds are not required, preference will go to organizations that can leverage additional funds to contribute to program goals.

### **III.3. Other**

If you request a funding amount greater than the ceiling of the award range, we will consider your application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

#### **Special Requirements:**

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC will consider late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in

lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

#### **IV. Application and Submission Information**

##### **IV.1. Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.

HHS strongly encourages you to submit your application electronically by using the forms and instructions posted for this announcement at [www.grants.gov](http://www.grants.gov).

Application forms and instructions are available on the HHS/CDC web site, at the following Internet address:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. We can mail application forms to you.

##### **IV.2. Content and Form of Submission**

**Application:** You must submit a project narrative with your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25. If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point unreduced
- Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.
- All pages should be numbered
- Your application MUST be submitted in English

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

- Project Context and Background (Understanding and Need)
- Project Strategy - Description and Methodologies
- Project Goals
- Project Outputs

- Project Contribution to the Goals and Objectives of the Emergency Plan for AIDS Relief
- Work Plan and Description of Project Components and Activities
- Performance Measures
- Timeline (e.g., GANNT Chart)
- Management of Project Funds and Reporting.

You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. This additional information includes the following:

- Project Budget and Justification
- *Curriculum vitae* of current staff who will work on the activity
- Job descriptions of proposed key positions to be created for the activity
- Quality-Assurance, Monitoring-and-Evaluation, and Strategic-Information Forms
- Applicant's Corporate Capability Statement
- Letters of Support
- Evidence of Legal Organizational Structure

- Applicants must provide documentation that substantiates their well-developed management and financial controls and ability to implement HIV activities with reach to rural areas of Haiti. Such proof could include, but is not limited to, annual, financial, and audit reports, etc.

The budget justification will not count in the narrative page limit.

Although the narrative addresses activities for the entire project, the applicant should provide a detailed budget only for the first year of activities, while addressing budgetary plans for subsequent years.

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC web site at:



<http://www.cdc.gov/od/pgo/funding/pubcommt.htm>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

#### **IV.3. Submission Dates and Times**

**Application Deadline Date:** September 12, 2005

**Explanation of Deadlines:** Applications must be received in the HHS/CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

You may submit your application electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed online through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider

electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically with Grants.gov, your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives your submission after closing because: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will have the opportunity to submit documentation of the carriers guarantee. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as received by the deadline.

If you submit a hard copy application, HHS/CDC will not notify you upon receipt of your submission. If you have a question about the receipt of your application, first contact your courier. If you still have a question, contact the PGO-TIM staff at: 770-488-2700. Before calling, please wait two to three days after the submission deadline. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions.

If your submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify you that you did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions**

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.

- Needle Exchange - No funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Funds may be spent for reasonable program purposes, including personnel, training, travel, supplies and services. Equipment may be purchased and renovations completed if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut, and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United

states or to international organizations, regardless of their location.

- The applicant may contract with other organizations under this program; however, the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required) relating to the management of sub-grants to local organizations and improving their capacity.
- You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by HHS/CDC.

A fiscal Recipient Capability Assessment may be required, prior to or post award, to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and

dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of

projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under

this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'" ) addressed to the agency's grants officer. Such



certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You may find guidance for completing your budget on the HHS/CDC web site, at the following Internet address:  
<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

#### **IV.6. Other Submission Requirements**

**Application Submission Address:**

HHS/CDC strongly encourages you to submit electronically at: [www.grants.gov](http://www.grants.gov). You will be able to download a copy of the application package from [www.grants.gov](http://www.grants.gov), complete it offline, and then upload and submit the application via the Grants.gov site. We will not accept e-mail submissions. If you are having technical difficulties in Grants.gov, you may reach them by e-mail at [support@grants.gov](mailto:support@grants.gov), or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement.

You must clearly mark the paper submission : "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic

and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommended that you submit your grant application by using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. You may find directions for creating PDF files on the Grants.gov web site. Use of files other than Microsoft Office or PDF could make your file unreadable for our staff.

OR

Submit the original and two hard copies of your application by mail or express delivery service to the following address:

Technical Information Management- AA215  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341

## **V. Application Review Information**

### **V.1. Criteria**

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application and they will be an element of evaluation.

We will evaluate your application against the following criteria:

#### **1. Work Plan (20 Points)**

Does the applicant describe strategies that are pertinent and match those identified in the five-year strategy of the President's Emergency Plan and activities that are evidence-based, realistic, achievable, measurable and culturally appropriate in Haiti to achieve the goals of the Emergency Plan? Is the plan adequate to carry out the proposed objectives? Does the work plan include quantitative, process and outcome measures?

2. Need (10 Points)

To what extent does the applicant justify the need for this program within the target community?

3. Program Experience (20 points)

Is the applicant's program experience relevant to the provision of the services it intends to provide? Does applicant demonstrate knowledge of the cultural and political realities in Haiti?

4. Methods (20 Points)

Are the proposed methods feasible? To what extent will they accomplish the Numerical goals of the President's Emergency Plan?

5. Monitoring Evaluation and Reporting (20 points)

Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information? Does the plan include indicators developed for each program milestone and incorporated into the quarterly financial and programmatic reports? Are the indicators drawn from the Emergency Plan Indicator Guide? Will the system generate financial and program reports to

show the disbursement of funds, and progress towards achieving the objectives of the President's Emergency Plan?

6. Personnel (10 Points)

Do the staff members have appropriate experience, including local language skills? Are the staff roles clearly defined? As described, will the staff be sufficient to accomplish the program goals?

7. Budget (not scored)

Is the budget itemized, well-justified and consistent with the five-year strategy and goals of the President's Emergency Plan and Emergency Plan activities in Haiti?

**V.2. Review and Selection Process**

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. All persons who serve on the panel will be external to the US Government Country Program Office. The panel may include both Federal and non-Federal participants.

In addition, the following factors could affect the funding decision:

It is possible for one organization to apply as lead grantee with a plan that includes partnering with other organizations, preferably local. Although matching funds are not required, preference will be go to organizations that can leverage additional funds to contribute to program goals.

Applications will be funded in order by score and rank determined by the review panel. HHS/CDC will provide justification for any decision to fund out of rank order.

### **V.3. Anticipated Announcement and Award Dates**

September 15, 2005

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-5            HIV Program Review Panel Requirements
- AR-7            Executive Order 12372



- AR-8            Public Health System Reporting Requirements
- AR-14          Accounting System Requirements
- AR-15          Proof of Non-Profit Status

Applicants can find additional information on these requirements on the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS 5161-1 application in your Grants.gov electronic submission only. Please refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once you have filled out the form , please attach it to your Grants.gov submission as Other Attachment Forms.

### **VI.3. Reporting Requirements**

You must provide HHS/CDC with an original, plus two hard copies, of the following reports (in English)

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Budget.
  - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Haiti.
  - f. Additional Requested Information.
- 2. Annual progress report, due no later than 90 days after the end of the budget period. Reports should include progress against the numerical goals of the President's Emergency Plan for AIDS Relief for Haiti.
  - 3. Financial status report, due no more than 90 days after the end of the budget period.
  - 4. Final financial and performance reports, due no later than 90 days after the end of the project period.

Recipients must mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## **VII. Agency Contacts**

We encourage inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-2700

For program technical assistance, contact:

Kathy Grooms, Country Program Officer  
CDC, NCHSTP, Global AIDS Program  
1600 Clifton Road, MS E-04  
Atlanta, GA 30333  
Telephone: 404-639-8394  
Email: Kgrooms@cdc.grooms

For financial, grants management, or budget assistance,  
contact:

Vivian Walker, Contracts Specialist  
CDC Procurement and Grants Office  
U.S. Department of Health and Human Services  
2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-2724

E-mail: vew4@cdc.gov

#### **VIII. Other Information**

Applicants can find this and other HHS funding opportunity announcements on the HHS/CDC web site, Internet address:

[www.cdc.gov](http://www.cdc.gov) (Click on "Funding" then "Grants and Cooperative Agreements"), and on the web site of the HHS Office of Global Health Affairs, Internet address: [www.globalhealth.gov](http://www.globalhealth.gov).

Dated:

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William P. Nichols, MPA

Director

Procurement and Grants Office  
Centers for Disease Control  
and Prevention

U.S. Department of Health and  
Human Services

